

VENDOR APPLICATION

State Farmers Market

1201 Agriculture Street

Raleigh, NC 27603

919-733-7417

Issued by: _____

Date: _____

Received by: _____

Date: _____

***Please complete and return to the market office. Management will review and determine space availability and any other items required for your business. Many areas on the market do have a waiting list at this time. This application expires on December 31st of each calendar year.**

To be considered for space you must resubmit an application each year.

Business or Farm Name: _____

Contact Name: _____

Business or Farm Mailing

Address: _____ **City** _____ **State** _____ **Zip** _____

Street address/PO Box

County: _____

Business or Farm Physical

Address: _____ **City** _____ **State** _____ **Zip** _____

Street address/PO Box

County: _____

Home Address _____ **City** _____ **State** _____ **Zip** _____

Street address/PO Box

County: _____

Telephone Numbers

**(PLEASE CIRCLE OR HIGHLIGHT THE PHONE NUMBERS THAT ARE OK TO GIVE OUT TO CUSTOMERS)
(OTHER NUMBERS WILL ONLY BE USED BY MARKET STAFF IN THE EVENT OF AN EMERGENCY)**

Business or Farm: _____ **Home:** _____

Contact Name(s) & Cell Phone Number(s): _____

Fax # _____ **Email address** _____

Website address _____

Emergency Contact: _____

Name

Home #

Cell #

Emergency Contact: _____

Name

Home #

Cell #

Please circle the area you are requesting to sell in:

Market Shoppes

Farmers Area

Seafood Area

Wholesale Truckers Shed

Craft Shed

Aquaculture Area

Fully describe experience in agricultural business. Include any farming interest, offsite facilities available, equipment, vehicles, etc. Use additional pages if necessary in describing experience.

Fully describe type of business. List months you plan to operate. Use additional pages if necessary in describing business. Please list all items that you produce or that you plan to sell.

Amount of Space Requested_____

Do you prefer to (indicate by check mark)

___ Wholesale Only--Sell only in unbroken containers (excluding melons)

___ Wholesale and Retail ___ Retail Only

For Seafood Only

Commercial Fisherman's Name and License Number_____

Fish Dealers Name and License Number _____

Proposal submitted by:_____ Date:_____